

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Brian Shank			
Street Address	412 cambridge rd			
City erie		State pa	Zip Code 16511	
Type of Report (Place x under report type)				
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary		Friday 6-30 Day Pos lection Election	t 7- Annual Special 2 nd F Pre-Election	
FIGURE CHAINS				
Date Of Election	Year	Amendment	Termination	
(MM/DD/YYYY)	AND TO BE STORY	Report	Report	
Summary of Receipts and From Date Expenditures	To Date		For Office Use On	y San Penalahan Penalahan Penalahan
10/19/2021		21		
A. Amount Brought Forward From Last Repor	\$ 2965.05	5	1/2: 5:3	
B. Total Monetary Contributions and Receipt (From Schedule I)	\$ 325,00		[v]	
C. Total Funds Available (Sum of Lines A and B)	\$ 3290.05	5		- The state of the
D. Total Expenditures	\$ 2171.80)		N
(From Schedule III) E. Ending Cash Balance	Ś		E. D. Verti	5 J
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$ 48 8			
(From Schedule II) G. Unpaid Debts and Obligations	$[\mathbf{s}] \mid [\mathbf{s}] $	Y		
Grom Schedule IV)	s Solution A	00 on of Ne		And the second s
Part 1- If this is a Committee report, treasurer sign	and If their is a Condition	स्त्रिक्शाः हैection स्ट्रेप्टिंग क्रिandidate sign here	2.	
I swear (or affirm) that this report, including the att	ached schedules on naper,	% best of my knowi	edge and belief true, correct and	complet.
I swear (or affirm) that this report, including the att Sworn to and subscribed before me this day of KCWW 20 Signature	Erie	Ssion	C-SW	1
Chrose 5	wealth	Signatur E Brian Shank	e of Person Submitting report	
Signature		woo kw		
My Commission expires MO. DAY YR	₩	Area Code	873-3612 Daytime Telephone	Number
			Bayane reception	
Part II- if this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge	and belief this political co	nan sign nere. Immittee has not violated a	any provisions of the Act of June	3, 1937 (P.L. 1333, NO.320) as
amended.		^	1 1	
Sworn to and subscribed before me this	• •	BC	2 8hk	
day of20	-	Roms	ignature of Candidate	
Signature	- [Joi Carrier	Printed Name	
My Commission expires		814	813-30	
MO. DAY YR.		Area Códe	Daytime Telephone	Number
·		J.,		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

			.	
Filer Identification Number		 _		

1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 325.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep Cover Page, Item B)	oort	\$ 325.00

Statement of Expenditures

Filer identification Number:	,,			

To W	iom Paid					·	Date (MM/Dib)		1059.80
		sample news group					10/26/202 Description of		
House	1001	Street Address unit	versity drive				Description of	Experiorui	
City	state college		State p	a	Zip :	16801	newspaper ads		
To Wi	iom Paid	nostrovia brewing co			u		Date [MM/DD 11/02/202		240.00
House	4	Street Address	0				-Description of	Region 1	
	4415	eas	st lake rd						Ψ
City	erie		State p	a	Zip Cade	16511	watch party		2001
To W	iom Pald	wctl radio group					Date (MM/DD 10/19/202	1000	872.00
House	1 1	Street Address	"			<u> </u>	Description of	Expenditure	
City	waterford	TOWN SERVICE SERVICE SERVICES	State F	а	Zip Code	16441	radio ads		
To W	nom Pald		FANGARING SAN MED		A STATE OF THE STA		Date (MM/ØD	/Y/YYI \$	
Hous	9.#	Street Address		-	<u>.</u>		Description of	Expenditur	
City			State		Zip Code				
To W	hom Pald						-Date (MM/Db	/ / */*/YI : \$	
Hous	e #	Street Address					Description of	Expenditur	
Eity			State		Zip Code				
To W	hom Pald				,		(Date (MIM)/DD	<u>//ww</u>] :	
Hous	e#	Street Address	<u>,</u>				Description of	Expenditur	e
City		[F. Townson of the Property of	State		Zip Code	TO SERVICE AND A			
ToW	hom Pald		11		, .		a Daved (VIVI/DE)/YY YY] :	
Hous	e#.	Street Address	.,-				Description of	Expenditur	e .
City		Description of the second of t	State		Zip • : Code :				
ТоМ	hom Pald						bate (MM/DE		
Hous	e#	Street Address					Description o	f Expenditu	(6)
City			State	_	Z)p Code				